

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 128 Malden Road, NEW MALDEN, Surrey, KT3 6DD

Pharmacy reference: 1092425

Type of pharmacy: Community

Date of inspection: 30/11/2022

Pharmacy context

A community pharmacy belonging to the Day Lewis company. It is on a parade of local shops and businesses in the village of New Malden in Surrey. It provides a range of services including dispensing prescriptions. And it has a selection of over-the counter medicines and other pharmacy related products for sale. It also provides a winter flu vaccination service and a hypertension detection service. And it dispenses medicines into multi-compartment compliance packs for people who have difficulty managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it generally completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy adequately identifies and manages the risks associated with its services. And team members respond appropriately when mistakes happen. And they take suitable action to prevent mistakes in the future.

Inspector's evidence

The pharmacy had a system for recording its mistakes. It used a template which categorised mistakes using a code system. And the team reviewed them regularly. The responsible pharmacist (RP) was the regular RP. And he described how he highlighted and discussed 'near misses' and errors as soon as possible with the team member involved. He did this to help prevent the same mistake from happening again. He had highlighted the risks of mistaking one look-alike sound-alike medicine (LASA) for another. And the team had separated LASAs gabapentin 100mg capsules and gabapentin 300mg capsules for this reason. But while the team recorded its mistakes, it did not review them regularly and records did not clearly explain what it had learned or what it would do differently next time. The RP agreed that if near miss records had more details of the team had learned from its mistakes it could review them and monitor improvement more effectively. And it would provide the team with a better opportunity to prevent mistakes and continue to learn.

The pharmacy had put measures in place to keep people safe from the transfer of infections. The team had a regular cleaning routine, and it cleaned the pharmacy's work surfaces and contact points regularly. The pharmacy had hand sanitiser for team members and other people to use. And it had put screens up at its medicines counter. The pharmacy had a set of standard operating procedures (SOPs) to follow. And the SOPs were up to date. Staff appeared to understand their roles and responsibilities. And the locum dispensing assistants (DAs) consulted the pharmacist when they needed his advice and expertise. The inspector observed the DAs alerting the pharmacist when someone enquired about their prescription and when someone asked them to recommend a product for a child. The RP had placed his RP notice on display where people could see it. The notice showed his name and registration number as required by law.

The pharmacy had a complaints procedure. And it had a notice on display which asked people for suggestions about how the pharmacy could do things better. People could make suggestions and give feedback on the quality of the pharmacy's services directly to its team members. Recent customer comments indicated that many people were unhappy if the pharmacy did not have their medicines in stock. Or when there were manufacturers' delays. And so, team members spent time contacting GPs to arrange alternatives so that people did not go without their medicines. And they tried to keep people's preferred make of medicine in stock. Team members could provide people with details of where they should register a complaint if they needed to. But the RP generally dealt with people's concerns at the time. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy generally kept its records in the way it was meant to. And its RP records were in order. It usually kept its emergency supply records properly but one record showed that it was still waiting for a prescription for a request from a GP over a month ago. And its private prescription records had the prescriber's name missing on some entries. The pharmacy generally kept its controlled drugs (CD) register properly and maintained and audited its CD running balances. The pharmacy kept a record of CDs returned by people. And it recorded when it had safely destroyed them. The pharmacy team agreed that all the pharmacy's essential records should have all the necessary details and that they should be up to date and accurate.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed training on confidentiality. The work experience students had been briefed and knew not to discuss people's confidential information except when appropriate for work purposes. The pharmacy discarded confidential paper waste into separate waste containers before shredding it. And it kept people's personal information, including their prescription details, out of public view. The prescription storage area was on a wall where people could not see any of the prescription's details. Team members had completed appropriate safeguarding training. And although they had not yet had any concerns to report, the technician could describe step-by-step what she would do if she had any. And she could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy properly trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another so that they can improve the quality of the pharmacy's services.

Inspector's evidence

The inspector conducted the inspection during the pharmacy's usual trading hours. The RP worked alongside a technician who was also the pharmacy's manager, two locum dispensers and two work experience students. The RP described how its workload pressures had increased during and since the height of the pandemic. This was mainly due to staff shortages. And so, to help manage the workload the pharmacy had recruited the two locum dispensers for a temporary period. And the pharmacy had not had any unplanned closures. The pharmacy was also hoping to recruit an additional part-time dispensing assistant. Team members worked effectively with one another. And they discussed any issues as they worked. They supported one another to complete their tasks. And they kept the daily workload of prescriptions in hand. They also attended to people promptly. The locum dispensers asked the RP or the technician manager for information and advice when they needed it. And when they needed support with the pharmacy's processes. Team members could raise concerns and discuss issues when they arose. And they kept their knowledge up to date by reading training material. The RP made day-to-day professional decisions in the interest of patients. He had an annual work performance review. And he felt supported in his career development. Team members described the learning and development opportunities that were available to them within the company. And they felt that they would have line manager support if they wished to progress into a managerial role.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they provide an adequate amount of space for those services. The pharmacy is sufficiently clean and secure. The team keeps its workspace and storage areas appropriately tidy and organised.

Inspector's evidence

The pharmacy had a corner location between a small parade of shops and a residential street. It had small retail space with a consultation room and a small seating area for people waiting. And it had screens on top of its counter to help prevent the transfer of infections. The pharmacy displayed its pharmacy medicines on the backwall behind its medicines counter. It had a lower section at one end which was suitable for wheelchair users. And it had a half height gate which allowed staff to move in and out while preventing unauthorised access. The dispensary extended to the side and rear of the counter. It had an area of work surface which allowed staff working there to oversee the retail space and the counter. And so, they could see when their colleagues needed help. The dispensary had two further runs of work surface to the rear which provided a quieter area for team members to work. The pharmacy generally had the workbench and storage space it needed for its workload. It had storage areas above and below its work benches. It also had a run of pull-out drawers and shelves for storing medicines and completed prescriptions for collection. The pharmacy stored its dispensed items and prescriptions so that it kept people's information out of view. And it stored its medicines in a tidy, organised way. People could not view the pharmacy's dispensing benches from the customer area. And this meant that the team kept people's prescription information confidential.

The pharmacy used its consulting room for the services it offered and if people needed to speak to a team member in private. And it kept the room locked when it wasn't in use. So, it kept its contents secure. And people's conversations in it couldn't be overheard outside of it. The pharmacy had the sinks it needed for the services its team delivered. And it had a supply of hot and cold water. Members of the pharmacy team kept the premises clean, tidy, and organised. And they cleaned the surfaces they and other people touched regularly. Overall, the pharmacy was air-conditioned, bright, clean, secure, and appropriately maintained. And it was suitable for the provision of healthcare services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. And it has suitable procedures in place to help ensure that it provides its services safely and effectively. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy team ensures that the medicines it supplies have the information that people need so they can take their medicines properly.

Inspector's evidence

The pharmacy's entrance provided step-free access. And its customer area was free of clutter and unnecessary obstacles. It had a delivery service for people who found it difficult to visit the pharmacy. The pharmacy could also order people's repeat prescriptions if required. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing to help prevent errors. And it provided medicines in multi-compartment compliance packs for people living at home who needed them. The pharmacy sent its compliance pack prescriptions to an off-site pharmacy for dispensing. Staff referred to the off-site pharmacy as 'the hub'. Once the hub team had dispensed and checked them, they returned them to the pharmacy for collection or delivery. The pharmacy had a list of medicines which should not be dispensed into compliance packs but which the team would dispense and supply separately. The list included higher- risk medicines such as sodium valproate which required extra counselling. The team also occasionally had to add medicines to the pre-assembled compliance packs if the hub didn't have stock of the medicine at the time.

The pharmacy managed the compliance pack service according to a four-week rota. It checked and verified any changes to prescriptions each month. And then it updated people's records. Compliance packs were labelled with a description of each medicine, including colour and shape, to help people to identify them. And their labelling directions gave the required advisory information to help people take their medicines properly. But the pharmacy did not supply patient information leaflets (PILs) with compliance packs. Instead, people were advised to download the appropriate leaflet from the internet. So, people did not have ready access to all the information they might need. The team agreed that supplying a PIL would make it easier for people to have all the information they needed about their medicines. And it would help them to take them safely and effectively. The pharmacist gave people advice on a range of matters. And he would give appropriate advice to anyone taking higher-risk medicines. The pharmacy dispensed prescriptions to a small number of people taking sodium valproate medicines. This did not include people in the at-risk group. But the RP described the counselling he would give when supplying the medicine to ensure that any at-risk people were on a pregnancy prevention programme. And to ensure that they were aware of the risks associated with the medicine. The pharmacy also supplied the appropriate patient cards and information leaflets.

The pharmacy also offered a flu vaccination service. It had up to date PGDs and service specifications for both the private and NHS flu service. In general, the RP briefed the person receiving the vaccination appropriately, and asked for their consent. The RP sanitised or washed his hands before and after each consultation. And he discarded used vaccines safely into a sharps bin. The RP kept records of the consultation for each vaccination. This included details of the product administered. The pharmacy had procedures and equipment for managing an anaphylactic response to vaccinations.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. In general, the team stored its medicines, appropriately and in their original containers. But the inspector found a white dispensing carton on the shelf which contained strips of Mesalazine tablets. Although the pack had been labelled and the medicine was in date, it did not contain all the manufacturer's information. And so, it could be missed if it were part of a medicines recall. The inspector discussed this with the RP, and they agreed that team members should review their understanding of the correct procedures to follow when putting medicines back into stock after dispensing. The pharmacy team date-checked the pharmacy's stocks regularly. And it kept records to help it manage the process effectively. It identified and highlighted short-dated items. And it removed any item which was near to its expiry from stock. A random sample of stock checked by the inspector was in date. The pharmacy only dispensed short-dated items with the patient's agreement. And when they could use them before the expiry date. The team put its out-of-date and patient-returned medicines into dedicated waste containers. The team stored its CD and fridge items appropriately. And it monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. The team had not had any stock affected by recent recalls including the most recent recall from the day before.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's confidential information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. And it had a new blood pressure monitor for its hypertension detection service. Its equipment was clean. Team members had access to a range of up-to-date reference sources. And they had access to personal protective equipment, in the form of sanitiser, face masks and gloves if they needed them. The pharmacy had several computer terminals which had been placed at individual workstations around the pharmacy. Computers were password protected. And prescriptions were stored out of people's view. The pharmacy had cordless telephones to enable team members to go to a quieter location to hold private conversations with people. Team members used their own smart cards to maintain an accurate audit trail. And to ensure that team members had the appropriate level of access to records for their job roles.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.